07/20/2010 13:03

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC 2831 Lone Oak Road ADDRESS (number and street) Check if different than previously Paducah ΚY 42003 reported. (ACC) **FEC IDENTIFICATION NUMBER STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00351197 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2010 06 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Laxmaiah Manchikanti Type or Print Name of Treasurer Electronically Filed by Laxmaiah Manchikanti 07 20 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

2/14

Write or Type Committee Name
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period: From:

M M M 0 6 0 1 2 0 1 0 To:

To:

M M M 0 6 3 0 2 0 1 0

_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 2010 Y Y Y		374826.15
(b) Cash on Hand at Begining of Reporting Period	344250.47	
(c) Total Receipts (from Line 19)	16138.54	102625.32
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	360389.01	477451.47
Total Disbursements (from Line 31)	21161.49	138223.95
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	339227.52	339227.52
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
D. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 14

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

Report Covering the Period:

From: 0 6

^D 0 1

2 0 1 0

. 06

^D 30

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From (a) Individuals/Persons Other	:	
Than Political Committees (i) Itemized (use Schedule A)	15193.34	73016.64
(ii) Unitemized	0.00	1520.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15193.34	74536.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15193.34	74536.64
Transfers From Affiliated/Other Party Committees	0.00	16975.89
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	945.20	11112.79
3. Transfers from Non-Federal and Levir	n Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16138.54	102625.32
Total Federal Receipts (subtract Line 18(c) from Line 19)	16138.54	102625.32

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 14

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	2161.49	12779.83
	Expenditures(c) Total Operating Expenditures	2101.43	12/13.00
	(add 21(a)(i), (a)(ii) and (b))	2161.49	12779.83
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	19000.00	125000.00
24.	Independent Expenditure (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
28.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds		0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	444.12
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,	21161.49	138223.95
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	21101.43	130223.93
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	01161.40	120222 05
	from Line 31)	21161.49	138223.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 14

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	15193.34	74536.64
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	15193.34	74536.64
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2161.49	12779.83
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2161.49	12779.83

FE6AN026

Ai	ny information copied from such Reports and S		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVEN			
Α.	Full Name (Last, First, Middle Initial) Barbara Bryce			Date of Receipt
	Mailing Address 7329 Summit Ridge F			06 22 2010
	City Middleton	State WI	Zip Code 53562	Transaction ID: SA11AI.9406 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Housewife	Occupatio Housewi		Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) David Bryce, MD			Date of Receipt
	Mailing Address 7329 Summit Ridge R	ld.		06 22 2010
	City Middletown,	State WI	Zip Code 53562	Transaction ID: SA11AI.9407
	FEC ID number of contributing federal political committee.	C	33302	Amount of Each Receipt this Period 2000.00
	Name of Employer ADM	Occupatio Physicia		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2000.00	
— C.	Full Name (Last, First, Middle Initial) Perry Haney, MD			Date of Receipt
	Mailing Address P.O. Box 6680			0 6 2 9 2 0 1 0
	City	State CO	Zip Code	Transaction ID: SA11AI.9415
	Denver FEC ID number of contributing federal political committee.	C	80206	Amount of Each Receipt this Period 300.00
	Name of Employer Spine One, Inc.	Occupatio Physicia		Contribution
	Receipt For: Primary General Other (specify) ▼	, · · · · · · · · · · · · · · · · · · ·	e Year-to-Date ▼ 1800.00	
s	SUBTOTAL of Receipts This Page (optional)	1		2800.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 14 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVE!	Statements may not be sold or used by any personal statements and address of any political committee to NTIONAL PAIN PHYSICIAN PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Abigail Hubbell Mailing Address 236 W. Livingston Pla City Metairie FEC ID number of contributing federal political committee. Name of Employer Housewife Receipt For: Primary General Other (specify)	State Zip Code LA 70005 C Occupation Housewife Aggregate Year-to-Date 416.67	Date of Receipt M M M / D D / Y Y Y Y Y O 6 27 2010 Transaction ID: SA11Al.9413 Amount of Each Receipt this Period 416.67 Contribution
Full Name (Last, First, Middle Initial) Paul Hubbell, MD Mailing Address 236 W. Livingston Pla City Metairie FEC ID number of contributing federal political committee. Name of Employer Southern Pain Receipt For: Primary General Other (specify)	State Zip Code LA 70005 C Occupation Physician Aggregate Year-to-Date 416.67	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.9414 Amount of Each Receipt this Period 416.67 Contribution
Full Name (Last, First, Middle Initial) Demetrios Kaiafas, MD Mailing Address 903 Harbor Drive City Bellecur Beach FEC ID number of contributing federal political committee. Name of Employer Clearwater Pain Management Receipt For: Primary General Other (specify)	State Zip Code FL 33786 C Occupation Physician Aggregate Year-to-Date 600.00	Date of Receipt M M M / 29 / 2010 Transaction ID: SA11AI.9416 Amount of Each Receipt this Period 100.00 Contribution
SUBTOTAL of Receipts This Page (optional)	·	933.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENT	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Chandrakala Manchikanti Mailing Address 2075 Natchez Lane City Paducah FEC ID number of contributing federal political committee. Name of Employer KSA Enterprises, Inc. Receipt For: Primary General Other (specify)	State Zip Code KY 42001 C Occupation Executive Aggregate Year-to-Date ▼	Date of Receipt M M Z 2 Z Z 2 D 1 0 Transaction ID: SA11AI.9408 Amount of Each Receipt this Period 5000.00 Contribution
Full Name (Last, First, Middle Initial) Laxmaiah Manchikanti Mailing Address 2075 Natchez Lane City Paducah FEC ID number of contributing federal political committee. Name of Employer PMCP PSC Receipt For: Primary General Other (specify)	State Zip Code KY 42001 C Occupation Medical Director Aggregate Year-to-Date 5000.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Eric Pearson, MD Mailing Address 1001 14th Street City Meridian FEC ID number of contributing federal political committee. Name of Employer Total Pain Care Receipt For: Primary General Other (specify)	State Zip Code MS 39301 C Occupation Physician Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.9402 Amount of Each Receipt this Period 300.00 Contribution
SUBTOTAL of Receipts This Page (optional)		10300.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 14 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVEN		
Full Name (Last, First, Middle Initial) Michael Poss, MD Mailing Address 1818 Amherst Street City Winchester FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code VA 22601 C Occupation Physician Aggregate Year-to-Date 1020.00	Date of Receipt M M M 29 29 2010 Transaction ID: SA11AI.9417 Amount of Each Receipt this Period 170.00 Contribution
Full Name (Last, First, Middle Initial) Francis Riegler, MD Mailing Address 3827 Castlerock Rd. City Malibu FEC ID number of contributing federal political committee. Name of Employer Universal Pain Mgmt. Receipt For: Primary General Other (specify)	State Zip Code CA 90265 C Occupation Physician Aggregate Year-to-Date 750.00	Date of Receipt M M M 29 2010 Transaction ID: SA11AI.9418 Amount of Each Receipt this Period 125.00 Contribution
Full Name (Last, First, Middle Initial) Reuben Sloan, MD Mailing Address 5671 Peachtree Dunw City Atlanta FEC ID number of contributing federal political committee. Name of Employer Resurgens Orthopaedics Receipt For: Primary General Other (specify)	oody Rd. State Zip Code GA 30342 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		660.00

A.

FOR LINE NUMBER: PAGE 10/14 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Date of Receipt Bradley Wargo, MD Mailing Address PO Box 7868 06 22 2010 City State Zip Code Transaction ID: SA11AI.9410 Paducah KY 42002 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Contribution Name of Employer Pain Management Center of Occupation Physician Padu Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	15193.34

	SCHEDULE A (FEC Form 3X)		Llos concrete cobodulo(o)	FOR LINE NUMBER: PAGE 11 / 14
	TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 X 17
	Any information copied from such Reports and State or for commercial purposes, other than using the results of the such as the	atements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENT	TONAL PA	IN PHYSICIAN PAC	
Α.	Full Name (Last, First, Middle Initial) Bantera Bank	Date of Receipt		
	Mailing Address 3151 Jackson Street			0 6 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA17.9436
	<u>Paducah</u>	KY	42003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.92
	Name of Employer	Occupatio	n	Monthly earned interest
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 10233.51	
В.	Full Name (Last, First, Middle Initial) Bantera Bank			Date of Receipt
	Mailing Address 3151 Jackson Street			06 30 7 2010
	City	State	Zip Code	Transaction ID: SA17.9437
	Paducah	KY	42003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		879.28
	Name of Employer	Occupatio	n	Dividends earned
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 11112.79	

CURTOTAL of Descints This Peace (antique)		945.20
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	945.20

A.

В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 12/14 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) Transaction ID: SB21B.9432 Bantera Bank Date of Disbursement 3 Ŏ 0 6 2010 Mailing Address 3151 Jackson Street City State Zip Code Amount of Each Disbursement this Period Paducah KY 42003 1766.82 Purpose of Disbursement Change in investment Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.9435 Bantera Bank Date of Disbursement 3 0 0 6 2010 Mailing Address 3151 Jackson Street City State Zip Code Amount of Each Disbursement this Period 42003 Paducah ΚY 394.67 Purpose of Disbursement Payment for credit card fees Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	2161.49
TOTAL This Period (last page this line number only)	•	2161.49

Primary

Other (specify)

State:

Temizer Disbursement		(FEC Form 3	y Use sep	arate schedule(s)	_	NUMBER: PAGE 13 / 14
NAME OF COMMITTEE (in Full) AMERICAN SCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code CA 95814 Purpose of Disbursement Political Contribution Candidate Name ANNA ESHOO Office Sought: X House Senate President State: MI District: 07 City State Zip Code CA 95814 Full Name (Last, First, Middle Initial) ANNA ESHOO Office Sought: X House President Senate Other (specify) ▼ City State Zip Code Category' Type Transaction ID: SB23.9424 Date of Disbursement this Perior Amount of Each Disbursement 1000.00 Transaction ID: SB23.9424 Date of Disbursement To: 2010 Amount of Each Disbursement this Perior Transaction ID: SB23.9424 Date of Disbursement this Perior Category' Type Transaction ID: SB23.9424 Date of Disbursement this Perior Category' Type Office Sought: X House President State: MI District: 07 Full Name (Last, First, Middle Initial) District: 07 Full Name (Last, First, Middle Initial) State: MI District: 07 Full Name (Last, First, Middle Initial) Other (specify) ▼ Transaction ID: SB23.9429 Date of Disbursement this Perior Category' Type Other (specify) ▼ Transaction ID: SB23.9429 Date of Disbursement this Perior Transaction ID: SB23.9429 Date of Disbursement this Perior Category' Type Transaction ID: SB23.9429 Date of Disbursement this Perior Category' Type Other (specify) ▼ Amount of Each Disbursement this Perior Category' Type Other (specify) ▼ Other (specify)	TEMIZED DIS	BURSEMENT	for each Detailed		21b	22 X 23 24 25
AMME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code CA 95814 Purpose of Disbursement Political Contribution Candidate Name ANNA ESHOO Office Sought: X House President State Zip Code (Sandarde Name) ARRONNEY FOR CONGRESS Mailing Address 1737 SPRING ARBOR RD #230 City State Zip Code (Sandarde Name) ARRONNEY FOR CONGRESS Mailing Address 1737 SPRING ARBOR RD #230 City Senate President State Zip Code (MI 49203) Purpose of Disbursement Political Contribution Candidate Name BRIAN JOHN ROONEY Office Sought: X House Senate President State Zip Code (Sandarde Name) Amount of Each Disbursement this Perior (Category) Type Transaction ID: SB23.9424 Date of Disbursement this Perior (Category) Type Transaction ID: SB23.9424 Date of Disbursement this Perior (Category) Type Transaction ID: SB23.9424 Date of Disbursement this Perior (Category) Type Transaction ID: SB23.9424 Date of Disbursement this Perior (Category) Type Transaction ID: SB23.9424 Date of Disbursement this Perior (Category) Type Transaction ID: SB23.9424 Date of Disbursement this Perior (Category) Type Transaction ID: SB23.9429 Date of Disbursement (Transaction ID: SB23.9429 Date of Disbursement (Trans						
ANNA ESHOO FOR CONGRESS Mailing Address 555 Capitol Mall Suite 1425 City Sacramento CA 95814 Purpose of Disbursement Political Contribution Candidate Name Althouse President State: CA District: 14 Full Name (Last, First, Middle Initial) BRIAN ROONEY FOR CONGRESS Mailing Address 1737 SPRING ARBOR RD #230 City State Zip Code Category/ Type City JACKSON MI 49203 Purpose of Disbursement For: 2010 City State: Zip Code MI 49203 Purpose of Disbursement Political Contribution Candidate Name BRIAN JOHN ROONEY Office Sought: X House President State: Zip Code MI 49203 Purpose of Disbursement Political Contribution Candidate Name BRIAN JOHN ROONEY Office Sought: X House President Other (specify) ▼ Transaction ID: SB23,9424 Amount of Each Disbursement this Perior Type Transaction ID: SB23,9424 Date of Disbursement this Perior President Other (specify) ▼ Transaction ID: SB23,9424 Amount of Each Disbursement this Perior Disbursement Political Contribution Category/ John SULLIVAN FOR CONGRESS Mailing Address Post Office Box 470840 City State: Zip Code OK 74147 Purpose of Disbursement Port: 2010 Category/ John SULLIVAN FOR CONGRESS Mailing Address Post Office Box 470840 City State: Zip Code OK 74147 Purpose of Disbursement Port: 2010 Category/ John SULLIVAN FOR Confider Box 470840 City State: Zip Code OK 74147 Purpose of Disbursement Port: 2010 Category/ John SULLIVAN FOR Confider Box 470840 City State: Zip Code OK 74147 Purpose of Disbursement Port: 2010 Category/ John SULLIVAN FOR Confider Box 470840 City State: Zip Code OK 74147 Purpose of Disbursement Port: 2010 Category/ John SULLIVAN FOR Confider Box 470840 Category/ John SULLIVAN FOR Confider Box 470840 City State: Zip Code OK 74147 Purpose of Disbursement Fort: 2010 Category/ John Sullivan Fort: 2010 Category/ Jo	NAME OF COMM	ITTEE (In Full)		<u> </u>		
City Sacramento Category/ Type Office Sought: X House Senate President State: CA District: 14 Full Name (Last, First, Middle Initial) State: MI District: Office Sought: X House Senate President State: MI District: 17 Full Name (Last, First, Middle Initial) State: MI District: Office Sought: X House Senate President State: MI District: 17 Full Name (Last, First, Middle Initial) State: MI District: Office Sought: X House Senate President State: MI District: Office Sought: X House Senate Senate President State: MI District: Office Sought: X House Senate President State: MI District: Office Sought: X House Senate President State: MI District: Office Sought: X House Senate President City Senate President State: MI District: Office Sought: X House OK 74147 Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS Mailing Address Post Office Box 470840 City State Xip Code OK 74147 Purpose of Disbursement Political Contribution Candidate Name John Sull LiVAN Office Sought: X House OK 774147 Purpose of Disbursement Political Contribution Candidate Name John Sull LiVAN Office Sought: X House OK 774147 Purpose of Disbursement Political Contribution Candidate Name Amount of Each Disbursement this Perior Category' Type Transaction ID: SB23.9429 Date of Disbursement Office Sught: X House OK 74147 Amount of Each Disbursement this Perior Category' Type Amount of Each Disbursement this Perior Category' Type Office Sought: X House OK 74147 Purpose of Disbursement Office Sought: X House OK 74147 Purpose of Disbursement For: 2010 X Primary General Office Sought: X House OK 74147 Purpose of Disbursement For: 2010 X Primary General Office Sought: X House OK 74147 Disbursement For: 2010 X Primary General Office Sought: X House OK 74147	,					
Sacramento CA 95814 Purpose of Disbursement Political Contribution Candidate Name ANNA ESHOO Office Sought:	Mailing Address	555 Capitol Mall	Suite 1425			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$
Political Contribution Candidate Name ANNA ESHOO Office Sought:	•					Amount of Each Disbursement this Period
ANNA ESHOO Office Sought:	Political Contribution					1000.00
Senate President State: CA District: 14 Full Name (Last, First, Middle Initial) BRIAN ROONEY FOR CONGRESS Mailing Address 1737 SPRING ARBOR RD #230 City State Zip Code MI 49203 Purpose of Disbursement Political Contribution Candidate Name BRIAN JOHN SULLLIVAN City State Zip Code Senate Post Office Box 470840 Transaction ID: SB23.9424 Date of Disbursement Disbursement Name Brian John SullLivan For Concrete Disbursement Political Contribution Cardidate Name Brian John SullLivan For Concrete Box 470840 City State Zip Code OK 74147 Purpose of Disbursement Por: 2010 Amount of Each Disbursement this Perion Transaction ID: SB23.9429 Date of Disbursement Office Sought: X Primary General Office Sought: X Primary General Office Sought: X Primary General Office Sought: X House Category/ Type Category/ Type Office Sought: X House OK 74147 Purpose of Disbursement Por: 2010 Candidate Name John SullLivan Office Sought: X Primary General Office Sought: X House Senate President Other (specify) ▼ Category/ Type Office Sought: X House Ok 74147 Purpose of Disbursement Por: 2010 Candidate Name John SullLivan Other (specify) ▼ Category/ Type Office Sought: X House Senate President Other (specify) ▼	ANNA ESHOO	V House	Dishurasment For:	2010	٠,	
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BRIAN JOHN ROONEY Office Sought:	Political Contribution					1000.00
Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS Mailing Address Post Office Box 470840 City State Zip Code Tulsa OK 74147 Purpose of Disbursement Political Contribution Candidate Name JOHN SULLIVAN Office Sought: X House Senate President Political Cother (specify) ▼ A Primary General Other (specify) ▼ Transaction ID: SB23.9429 Date of Disbursement Office Sough		OONEY				
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JOHN SULLIVAN Office Sought: Senate President Disbursement For: X Primary General Other (specify) ▼	Political Contribution					2000.00
Senate X Primary General President Other (specify) ▼	JOHN SULLIVA		Dieburganes	0040		
State: OK District: 01	OTTICE Solicity.			General		
	omoo oougni.	⊢	Other (sp	ecity) 🔻		

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SCHEDULE B (FEC Form 3X)		Leonanie	NUMBER DAGE 44/44
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the) FOR LINE I (check only	
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b	22 X 23 24 25 26
Any Information copied from such Reports and Staten	pents may not be sold or use	27	28a 28b 28c 29 30b
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
AMERICAN SOCIETY OF INTERVENTION	NAL PAIN PHYSICIAN I	PAC	
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.9425
KAGEN 4 CONGRESS			Date of Disbursement
Mailing Address 100 W. College Ave. 50 D			$ \begin{bmatrix} M & M \\ 0 & 6 \end{bmatrix} \begin{bmatrix} D & 0 & 0 \\ 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
City Appleton	State Zip Code WI 54911		Amount of Each Disbursement this Period
Purpose of Disbursement	01011		5000.00
Political Contribution			
Candidate Name STEVEN L KAGEN		Category/ Type	
	ement For: 2010		
Senate X President	Primary General Other (specify) ▼		
State: WI District: 08	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.9427
RAND PAUL FOR US SENATE			Date of Disbursement
Mailing Address 1332 ANDREA ST			06 18 7 2010
City BOWLING GREEN	State Zip Code KY 42104		Amount of Each Disbursement this Period
Purpose of Disbursement	42104		5000.00
Political Contribution			
Candidate Name		Category/ Type	
Office Sought: House Disburse X Senate	ement For: 2010 Primary X General		
President	Other (specify)		
State: KY District: 00			
Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMITT	Transaction ID: SB23.9430 Date of Disbursement		
Mailing Address P.O. BOX 391			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & O \end{smallmatrix} \end{bmatrix}$
City HOPKINSVILLE	State Zip Code KY 42241		Amount of Each Disbursement this Period
Purpose of Disbursement			5000.00
Political Contribution Candidate Name		Category/	
ED WHITFIELD		Type	
Office Sought: X House Disburse Senate President	ement For: 2010 Primary X General Other (specify)		
State: KY District: 01			
SUBTOTAL of Disbursements This Page (optional)			15000.00

TOTAL This Period (last page this line number only)

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